

Cardroom Key Employee Supplemental Information for State Gambling License Gambling Establishment Key Employee Supplemental Background Investigation Information

DGC-APP. 016A (Rev 09/04 ~~06/07~~ 08/07)



DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
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CARDROOM KEY EMPLOYEE
SUPPLEMENTAL INFORMATION FOR STATE GAMBLING LICENSE

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with AN/A (Not Applicable).@ If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

~~PLEASE SEND THE COMPLETED SUPPLEMENTAL BACKGROUND INFORMATION, ALONG WITH THE APPLICATION FOR A STATE GAMBLING LICENSE, A \$500 NON REFUNDABLE APPLICATION FEE AND A \$1,200 DEPOSIT TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867 TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.~~

Business and Professions Code section 19854 requires every gambling establishment key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19851(b). The purpose of this Gambling Establishment Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion.

Please send your completed Gambling Establishment Key Employee Supplemental Background Investigation Information form and Application (CGCC-031) to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Include a background deposit fee as required in Title 11, California Code of Regulations, section 2037.

Affix a
passport quality photograph
taken within the last 30 days
here

Applicant=s Full Name

Date of Photograph

Instructions: Type or print legibly (in blue or black ink) an answer to every question. If a question does not apply to you, write "N/A" (Not Applicable). If more space is needed to answer a question, please use page 9 of the form and precede each answer with the applicable section.

PART I - PERSONAL HISTORY INFORMATION

A. SECTION 1 PERSONAL INFORMATION

1. Full Name:

Last

First

Middle

~~2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise:~~

~~3. Date of Birth:~~

4. Place of Birth:

City

County

State

Country

~~5. Residence Address:~~

Street

City

County

State

Zip

6. Telephone: Residence: () Business: ()

~~7. Social Security Number*:~~

8. Driver License or Identification Card No./State Issued:

9. Eye Color: Hair Color: Weight: Height:

10. Distinguishing marks (scars, tattoos, etc.). Describe and indicate location:

11. Gender: ☐ Male ☐ Female

~~*Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code section 19841(a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigation.~~

B. CITIZENSHIP (provide copy of resident alien card (front and back) or certificate of naturalization)

Are you a United States citizen? ☐ Yes ☐ No If no, of what country are you a citizen?

If alien, Alien Registration Number No.:

If naturalized, Certificate Number No.:

Alien No.:

Date Naturalized (YYMMDD):

Place

~~Do you have any Immediate family members who work in gaming related positions in the gaming facility for which you are seeking employment?~~ DO YOU HAVE ANY FAMILY MEMBERS CURRENTLY WORKING IN ANY POSITION IN ANY GAMING FACILITY IN CALIFORNIA? ☐ No ☐ Yes

If yes, complete information below.

Name of family member	Home address (number / street / apt)	City	STATE ZIP RELATIONSHIP	POSITION HELD
NAME OF FAMILY MEMBER	Home address (number / street / apt)	City	STATE ZIP RELATIONSHIP	POSITION HELD

C. SECTION 2: **MARITAL STATUS** INFORMATION

1. ~~Current Marital Status:~~

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

2. ~~Current Spouse Information:~~

Full Name: Last _____ First _____ Middle _____
Maiden _____

Date of Birth: _____ Place of Birth: _____

~~Date of Marriage:~~

Years of Marriage:

Residence Address (if different from applicant):

Telephone: Residence: (____) _____ Business: (____) _____

Employer: _____ Occupation: _____

Address of Employer:

Street City State Zip

3. Former Marriage(s): Spouse ☐ N/A

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage (From - To)	Telephone Number

Name Date of Birth Years of Marriage

D. FAMILY

1. Children and Dependents:

Provide the following information for each of your children (including birth, step, adopted, and foster children) and other dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Residence Address	Relationship	Occupation

2. Co-habitants and Roommates:

Provide the following information for any adults, not disclosed in question D1, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone	Relationship

E. EDUCATION

Name of School	Location (City/State)	Dates of Attendance	Degree/Certificate Obtained
High School			

College/University				
Other				

F. SECTION 5: MILITARY EXPERIENCE (include copy of DD214)

1. Have you ever served in any armed forces: ☐ Yes ☐ No

If yes, attach a copy of your DD-214

Branch of Service

Dates of Service (from/to)

Country of Service

Rank at Separation

Service Number

Type of Discharge: ☐ ENTRY LEVEL ☐ HONORABLE ☐ GENERAL ☐ OTHER THAN HONORABLE ☐ BAD CONDUCT ☐ DISHONORABLE

HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY ☐ YES ☐ NO

DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW. ☐ YES ☐ NO

<u>Date (MM/YY)</u>	<u>Final Charge</u>	<u>Court Location (City & State)</u>

If Yes, Country Served: _____ Branch: _____

Dates of Service (From-To): _____ Type of Discharge: _____

Rank/Rating at Separation: _____ Serial Number: _____

2. While in the military service, were you ever convicted of any offense or formally disciplined: ☐ Yes ☐ No

If Yes, provide complete details: _____

G. SECTION 3: RESIDENCES

Beginning with your current residence, list all residences you have had for the last 10 years. List all residences during the last five years (most recent first, excluding current). Provide complete addresses (include markers such as Street, Drive, Road, East, West, Etc. and Unit or Apartment Number). Do not use P.O. Boxes.

<u>Month and Year (From-To)</u>	<u>Former Address</u>					<u>Rent/Own (check one)</u>
	<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>	

		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____
		Own Rent _____

H. SECTION 4: EXPERIENCE AND EMPLOYMENT **EMPLOYMENT**

Beginning with your current employment, list your work history, including all periods of unemployment for the past 10 years. Beginning with your most current employment, list all jobs you have had including part-time, temporary, self-employment, and volunteer activities, during the previous 10 years. Include periods of unemployment and in the DUTIES/ASSIGNMENTS section, explain how you supported yourself while unemployed.

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Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving
Title	Description of Duties <u>Duties/Assignments</u>	Name of Supervisor / <u>Contact Number</u>	Gambling Related? Yes ____ No ____

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer/ Business		Reason for Leaving
Title	Description of Duties <u>Duties/Assignments</u>	Name of Supervisor / <u>Contact Number</u>	Gambling Related? Yes ____ No ____

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving
Title	Description of Duties <u>Duties/Assignments</u>	Name of Supervisor / <u>Contact Number</u>	Gambling Related ? Yes ____ No ____

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving
Title	Description of Duties <u>Duties/Assignments</u>	Name of Supervisor / <u>Contact Number</u>	Gambling Related?

			Yes ____ No ____
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Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer /Business		Reason for Leaving	
Title	Description of Duties Duties/Assignments		Name of Supervisor /Contact Number	Gambling Related? Yes ____ No ____

Month and Year (From-To)	Name/Mailing Address/Telephone Number of Employer/ Business		Reason for Leaving	
Title	Description of Duties Duties/Assignments		Name of Supervisor /Contact Number	Gambling Related? Yes ____ No ____

4. SECTION 8: BUSINESS INTERESTS

~~List all businesses, corporations, and partnerships with which you are currently or have been associated as an owner, officer, director, active shareholder, partner or other related capacity for the past 10 years.~~ List all businesses, such as corporations and partnerships with which you are currently associated as an owner, officer, director, active shareholder, partner or other similar capacity.

List all gambling related businesses with which you have been associated as an owner, officer, director, active shareholder, partner, or other similar capacity within the last 10 years. ~~Include any ownership in a tribal casino due to tribal membership.~~ Attach additional sheets as necessary.

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose of Business	Amount of Investment	% Ownership/# Shares Owned	Gambling Related?

				Yes _____
				No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose <u>of Business</u>	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose <u>of Business</u>	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose <u>of Business</u>	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business		Name of Corporation/Partnership	
Capacity/Title	Primary Purpose <u>of Business</u>	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____

J. SECTION 6: CRIMINAL HISTORY INFORMATION CONVICTION, LITIGATION, AND ARBITRATION

1. Have you ever been **convicted** of a crime, pled guilty or pled nolo contendere (no contest) to a crime (other than a vehicle code infraction)? Include any convictions reduced or expunged, unless the records have been sealed pursuant to a court order. ~~felony? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age has been issued).~~ ☐ Yes ☐ No

If yes, explain each incident

A) Approximate Date (MM/DD/YY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	
B) Approximate Date (MM/DD/YY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	
C) Approximate Date (MM/DD/YY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	
D) Approximate Date (MM/DD/YY)	Court Location (City & State) and Arresting Agency (City and State)
What crime(s) were you convicted of?	

2. ~~Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued).~~ ☐ Yes ☐ No

3. Are you currently on probation? ☐ Yes ☐ No

4. Have you **ever** engaged in bookmaking or other illegal gambling activities? ☐ Yes ☐ No

5. ~~Have you **ever** been found guilty of (criminal or administrative) violating any campaign law(s)?~~ ☐ Yes ☐ No

If your answer to J1-5 was Yes, provide the following details.

Date	Arresting Agency City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

6. ~~Has a criminal indictment, information, or complaint ever been returned against you which you have not included in J1-5 above?~~ ☐ Yes ☐ No

If Yes, provide complete details: _____

7. ~~Have you received a pardon for any criminal offense?~~ ☐ Yes ☐ No

If Yes, provide complete details: _____

8. ~~Have you, as an individual, member of a partnership, shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last 10 years?~~ ☐ Yes ☐ No

If your answer to J8 was Yes, provide the following details:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	State or Federal Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

K. CHARACTER REFERENCES

List five individuals who you have known for at least five years. Do not include relatives, present employer, or other gambling establishment employees.

Name & Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home-					
Occupation/Employer	Business Telephone Number					
Name	Home-					
Occupation/Employer	Business Telephone Number-					
Name	Home-					
Occupation/Employer	Business Telephone Number-					
Name	Home-					
Occupation/Employer	Business Telephone Number-					
Name	Home-					

Occupation/Employer	Business Telephone Number	
Name	Home	
Occupation/Employer	Business Telephone Number	

~~L. LICENSING~~ SECTION 7: OTHER LICENSING INFORMATION

1. Have you ever been granted, denied, or revoked a gambling registration, license, or related finding of suitability, or been a participant in any group which has been issued a gambling registration, license, or related finding of suitability in any state or a permit, badge, or license to own, operate, or work in a gambling establishment?
☐ Yes ☐ No

If your answer to L1 was Yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied/Revoked	Dates Held or Denied or Revoked

If denied or revoked, provide reasons for denial or revocation:

2. Have you ever withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn or surrendered an application for a gambling registration, license, or related finding of suitability in any state? ☐ Yes ☐ No

If your answer to L2 was Yes, provide the following details:

Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

3. Have you ever held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse/dog, lottery, casino, bookmaking operation, pari-mutuel operation, or bingo parlor? ☐ Yes ☐ No

If your answer to L3 was Yes, provide the following details:

Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

4. Have you ever applied for a privileged registration, professional license, certificate, or credential (other than gambling) in any state, including, but not limited to, the following: ☐ Yes ☐ No

Alcoholic Beverage License
Real Estate Broker or Sales
Accountant

Lawyer
Doctor
Boxing Promoter

Race Horse/Dog Owner
Notary Public
Trainer or Manager

Securities Dealer
Contractor
Pilot

If your answer to L4 was Yes, provide the following details:

Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

5. Have any disciplinary or revocation actions ever been taken, or are any actions pending, against the aforementioned registration(s), license(s), certificate(s), credential(s) and/or any gambling related permit(s), badge(s), registration(s), or license(s)? ☐ Yes ☐ No

If your answer to L5 was Yes, provide the following details:

Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

HAVE YOU EVER HELD OR APPLIED FOR A PERMIT, LICENSE, OR CERTIFICATE RELATED TO GAMING?..... ☐ YES ☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, OR LOCAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT OR CERTIFICATE RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, OR CERTIFICATE WAS GRANTED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).

A) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE	ACTION TAKEN		GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER
B) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE	ACTION TAKEN		GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

HAVE YOU EVER HELD OR APPLIED FOR A PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING?... ☐ YES ☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY TO WHICH YOU HAVE APPLIED FOR A LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL WAS ISSUED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).

TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/ SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER FROM: TO:
TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/ SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER FROM: TO:

PART II - PERSONAL FINANCIAL INFORMATION

SECTION 9: FINANCIAL HISTORY INFORMATION

~~A.~~ Have you filed bankruptcy **within the last 10 years?** ☐ Yes ☐ No

If Yes, explain below: ~~identify the Federal District Court where the bankruptcy was filed, case number, date filed, and describe the circumstances which resulted in this action. Provide copies of your bankruptcy petition and order which lists all creditors and discharged debt.~~

~~Date Filed (MM/DD/YY) Date Discharged (MM/DD/YY) Where Filed~~

~~B.~~ Have any individuals or governmental agencies filed liens against you as an individual, sole proprietor, member of a partnership, or owner of a corporation **within the last 10 years?** Have you had a judgment or lien filed against you in the last 10 years? ☐ Yes ☐ No

If Yes, explain each incident and give court name and address ~~provide complete details:~~

~~C.~~ Have you had any purchase repossessed or debt turned over to collection for any reason within the last 10 years? Have you every been a party to any litigation or arbitration? ☐ Yes ☐ No

If Yes, provide the names of those involved, the dates filed, the court case number and location, and the disposition date ~~complete details:~~

~~D.~~ Do you own or control any assets or liabilities located outside the United States? ☐ Yes ☐ No

If Yes, provide ~~complete~~ details below:

E. Has your state or federal income tax return ever been audited or adjusted? ☐ Yes ☐ No

If Yes, provide complete details:

F. Last federal tax return was filed on _____ for the
Month/Year
tax year 20____ at _____
City State

G. Last state income tax return was filed on _____ for the
Month/Year
tax year 20____ at _____
City State

H. SECTION 10: GROSS ANNUAL INCOME

Type of Income	Amount
Current Annual Gross Income	€
Business Income (explain type of business)	\$
Interest Income	\$
Dividend Income	\$
Rental Income	\$
Child Support	\$
Gifts	\$
Spousal Support/Alimony	\$
Other (Specify, i.e. Spousal Income)	\$
Other (Specify)	\$
TOTAL GROSS INCOME	\$

Do you receive bonuses or profit sharing from your current employer which are based on a percentage of the gambling establishment revenue? ☐ Yes ☐ No

I. SECTION 11: STATEMENT OF ASSETS As of: _____ 20____.

From the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule. ~~List the total value of all assets as of the date of this application.~~ LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDANCE SCHEDULES.

Assets	*PURCHASE PRICE	Current Market Value CURRENT MARKET VALUE
Cash (Total From Schedule A) (TOTAL FROM SCHEDULE (A))		\$
Stocks and Bonds (Total From Schedule C) (TOTAL FROM SCHEDULE (B))		\$

Accounts and Notes Receivable (Total From Schedule B)(<u>TOTAL FROM SCHEDULE C</u>)		\$
Business Investments (Total From Schedule D) (<u>TOTAL FROM SCHEDULE D</u>)	\$	\$
Real Estate (Total From Schedule E)(<u>TOTAL FROM SCHEDULE E</u>)	\$	\$
Other Assets (Total From Schedule F)(<u>TOTAL FROM SCHEDULE F</u>)		\$
TOTAL ASSETS		\$

J. SECTION 12: STATEMENT OF LIABILITIES As of: _____ 20____.

From the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule. ~~List the total amount of all liabilities as of the date of this application.~~ LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.

Liabilities	<u>*INITIAL AMOUNT</u>	Present Balance <u>PRESENT BALANCE</u>
Accounts Payable (Total From Schedule G revolving accounts, credit cards, leases, lines of credit, etc. <u>TOTAL FROM SCHEDULE G</u>)		\$
Taxes Payable (Total From Schedule H income taxes, real estate taxes, business taxes, etc. <u>TOTAL FROM SCHEDULE H</u>)		\$
Notes Payable (Total From Schedule I)(<u>TOTAL FROM SCHEDULE I</u>)	\$	\$
Mortgages Payable (Total From Schedule J)(<u>TOTAL FROM SCHEDULE J</u>)	\$	\$
Contingent and Other Liabilities (Total From Schedule K co-signer on a loan, child support, alimony, etc. <u>TOTAL FROM SCHEDULE K</u>)		\$
TOTAL LIABILITIES		\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

Section 13: Supporting Documentation Checklist

KEY EMPLOYEE APPLICANTS MUST INCLUDE THE FOLLOWING ADDITIONAL DOCUMENTS WITH THIS APPLICATION. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. FAILURE TO PROVIDE COMPLETED DOCUMENTS MAY RESULT IN A DENIAL OF YOUR LICENSE REQUEST.

- ☐ Tax returns – signed copies of state and federal, both individual and business for the past three years, including all statements and attachments
- ☐ Bank statements – copies of all personal and business accounts corresponding only to the most recent tax return
- ☐ Investment account statements – copies for all accounts corresponding only to the most recent tax return
- ☐ Naturalization certificate – if a naturalized citizen, a copy of your naturalization certificate
- ☐ Request for Live Scan Service (BCII 8016, Rev. 04-01)
- ☐ Employment contract – copy
- ☐ Local cardroom employee license, permit, badge, etc. – copy
- ☐ Military form DD214, if applicable – copy
- ☐ Alien registration, if applicable – copy
- ☐ Bankruptcy court records, if applicable - copy
- ☐ Authorization to Release Information, DGC-APP. 006 (Rev. ~~05/07~~08/07)

SECTION 14: DECLARATION

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me

at _____ on _____
City and State *Date*

PRINT FULL NAME

SIGNATURE

DATE

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., residences, employers, explanations to questions, etc.).
- Identify the corresponding question and specific item being referenced.

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., residences, employers, explanations to questions, etc.).
- Identify the corresponding question and specific item being referenced.

STATEMENT OF ASSETS
SCHEDULE A
Cash

List all cash you have and where it is located, e.g., bank accounts (foreign and domestic), safe deposit boxes, home and office safes, etc.

Location of Cash (e.g., Name & Address of Bank)	Account No.	Type of Account	Date Opened	Names of Persons Who Have Signature Authority on Account	Date of Balance	Balance
TOTAL \$						

~~STATEMENT OF ASSETS~~

~~SCHEDULE B~~

~~Accounts and Notes Receivable~~

~~List all accounts and notes receivable held by you.~~

Name & Address of Debtor	Date Acquired	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
						TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE C
Stocks and Bonds

List all stocks and bonds held or controlled by you. Whenever interest exists through a mutual fund or holding company, the stocks held by the mutual fund or holding company need not be listed. Whenever interest exists through a beneficial interest in a trust, the stocks and bonds held in the trust must be listed.

Issuer	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	No. of Shares or Units	Registered Owners	Date of Current Market Value	Current Market Value
					TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE D
Business Investments

List any business investments in which any direct, indirect, vested, or contingent interest is held by you, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest. This should include, but not be limited to, joint ventures, partnerships, sole proprietorships, and corporations.

Entity Name	Type of Equity	No. of Shares or Units	Percentage of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Name in Which Held	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
								TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE E
Real Estate

List any real property in which you hold any direct, indirect, vested, or contingent interest.

Address/Location/Parcel Number	Type (Residential/Commereial)	Percentage of Ownership	Date of Purchase	Income (Rent/Lease)	Purchase Price	Date of Current Market Value	Current Market Value
							TOTAL \$

STATEMENT OF ASSETS

SCHEDULE F
Other Assets

List all other assets you hold (e.g., automobiles, jewelry, artwork, household furnishings, cash surrender value of life insurance policies, pension plans, etc.).

Type of Asset	Other Information (e.g., Year/Make/Model)	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
				TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE G
Accounts Payable
(Revolving Accounts/Credit Cards)

List all open accounts payable for which you are obligated:

Name & Address of Creditor	Account Number	Credit Limit	Monthly Payment	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance
				TOTAL \$		

STATEMENT OF LIABILITIES

SCHEDULE H Taxes Payable

List all unpaid and estimated taxes for which you are obligated.

Taxing Authority (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Fines, Penalties & Interest	Date of Unpaid Balance	Unpaid Balance
TOTAL \$						

STATEMENT OF LIABILITIES

SCHEDULE I Notes Payable

List all notes payable for which you are obligated.

Name & Address of Creditor	Account Number	Collateral	Date Incurred	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Note Amount	Date of Unpaid Balance	Unpaid Balance

~~STATEMENT OF LIABILITIES~~

~~SCHEDULE J~~
~~Mortgages Payable~~

~~List all mortgages or liens on real estate for which you are obligated.~~

[illegible]

STATEMENT OF LIABILITIES

SCHEDULE K Contingent and Other Liabilities

List any other indebtedness or contingent liability for which you are obligated (e.g., spousal support, alimony, child support, co-signer on a loan, pending litigation, etc.).

Name & Address of Creditor	Description of Liability & Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance

TOTAL \$

SCHEDULE A – ASSETS

Cash

List all cash you have and where it is located, e.g., financial institutions (foreign and domestic), safe deposit boxes, etc.

<u>Name & Address of Bank or Investment Account</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Date Opened</u>	<u>Names of Persons Who Have Signature Authority on Account</u>	<u>Balance</u>
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<u>TOTAL*:</u>					\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE B - ASSETS
Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

<u>Issuer</u>	<u>Registered Owner</u>	<u>Account Number</u>	<u>Type</u> <u>(Note if stocks, bonds, mutual funds, etc.)</u>	<u>Number of Shares or</u> <u>Units</u>	<u>Current</u> <u>Market Value</u>
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL*:					\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer

Date _____

SCHEDULE C - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable

<u>Name & Address of Debtor</u>	<u>Date Acquired</u>	<u>Maturity Date</u> <u>(notes receivable)</u>	<u>Payment Amount</u> <u>& Payment Period</u> <u>(e.g., Weekly,</u> <u>Monthly)</u>	<u>Interest</u> <u>Rate</u>	<u>Original Amount</u>	<u>Unpaid Balance</u>
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					<u>TOTAL*:</u>	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE D - ASSETS
Business Investments

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or entities who share a direct, indirect, vested or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liabilities companies, and corporations.

<u>Entity Name</u>	<u>Type of Entity</u>	<u>No. of Shares or Units</u>	<u>Name in which held</u>	<u>Percentage of Ownership</u>	<u>Individuals or Entities Sharing Interest & Percentage Ownership</u>	<u>Date of Purchase</u>	<u>Purchase Price</u>	<u>Current Market Value</u>
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							<u>TOTAL \$</u>	<u>\$</u>

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE E - ASSETS
Real Estate

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

<u>Address or Parcel Number & Location</u>	<u>Type (Residential/Commercial)</u>	<u>Percentage of Ownership</u>	<u>Date of Purchase</u>	<u>Current Income (Rent/Lease)(indicate per month, year, etc.)</u>	<u>Purchase Price</u>	<u>Current Market Value</u>
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					<u>TOTAL*:</u>	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE F - ASSETS
Other Assets

List all other assets (e.g., art collections, coin collections, antiques, automobiles, etc.).

<u>Type of Asset</u>	<u>Description</u>	<u>Date of Purchase</u>	<u>Purchase Price</u>	<u>Current Market Value</u>
<u>TOTAL \$</u>				

*This total should match the corresponding total reported on page 7.

Signature of Preparer_____

Date_____

SCHEDULE G - LIABILITIES
Accounts Payable

List all accounts payable (e.g. revolving accounts, credit cards, leases, lines of credit).

<u>Name & Address of Creditor</u>	<u>Account Number</u>	<u>Collateral</u>	<u>Date Incurred</u>	<u>Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)</u>	<u>Interest Rates</u>	<u>Unpaid Balance</u>		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						<table border="1"> <tr> <td><u>TOTAL*:</u></td> <td>\$</td> </tr> </table>	<u>TOTAL*:</u>	\$
<u>TOTAL*:</u>	\$							

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE H - LIABILITIES

Taxes Payable

List all unpaid and estimated taxes.

<u>Taxing Authority</u> <u>(e.g., Franchise Tax Board/Internal</u> <u>Revenue Service/Board of Equalization, etc.)</u>	<u>Related Tax Period</u>	<u>Payment Amount</u> <u>& Payment Period</u> <u>(e.g., Weekly,</u> <u>Monthly, etc)</u>	<u>Original Amount</u>	<u>Fines, Penalties & Interest</u>	<u>Unpaid Balance</u>
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<u>TOTAL*:</u>					\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE I - LIABILITIES
Notes Payable

List all notes payable.

<u>Name & Address of Creditor</u>	<u>Date Incurred</u>	<u>Collateral</u>	<u>Maturity Date</u>	<u>Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)</u>	<u>Original Note Amount</u>	<u>Interest Rate</u>	<u>Unpaid Balance</u>
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$

<u>TOTAL*:</u>	\$
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*This total should match the corresponding total reported on page 7.

Signature of Preparer_____

Date_____

SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

<u>Name & Address of Creditor</u> <u>Account Number</u>	<u>Address or Parcel Number and</u> <u>Location of Real Estate</u>	<u>Date Incurred</u>	<u>Interest Rate</u>	<u>Payment Amount</u> <u>& Payment Period</u> <u>(e.g., Weekly, Monthly, etc.)</u>	<u>Original Loan</u> <u>Amount</u>	<u>Unpaid Balance</u>
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					<u>TOTAL *:</u>	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE K - LIABILITIES
Contingent and Other Liabilities

List any other indebtedness or liability, e.g., co-signer on a loan, pending litigation, child support, alimony, etc.

<u>Name and Address of Creditor</u>	<u>Date Incurred</u>	<u>Collateral</u>	<u>Description of Liability and Account Number</u>	<u>Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)</u>	<u>Interest Rate</u>	<u>Original Amount</u>	<u>Unpaid Balance</u>
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$

<u>TOTAL*.</u>	\$
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*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

DECLARATION

I, _____, declare that I have read the foregoing Cardroom Key Employee Supplemental Information for State Gambling License and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I executed this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a key employee license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), and the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4) and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Cardroom Key Employee Supplemental Information for State Gambling License.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true, correct, and complete.

Date: _____, 20____

Printed Name

Signature